

This Page Is Inserted by IFW Operations
and is not a part of the Official Record

BEST AVAILABLE IMAGES

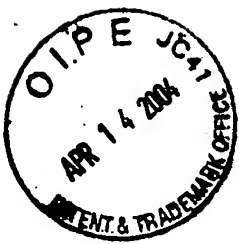
Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

IMAGES ARE BEST AVAILABLE COPY.

**As rescanning documents *will not* correct images,
please do not report the images to the
Image Problem Mailbox.**



DOCKET NO. B00227.70000

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe the named inventor(s) to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AWARD BAR AND HOLDER COMBINATION

the specification of which is attached hereto unless the following is checked:

☐ was filed on , as Application No. , Confirmation No. , bearing attorney docket No. , and was amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

The undersigned hereby appoints the Practitioners at Wolf, Greenfield & Sacks, P.C. as defined by:

☒ Customer Number:


23628

AND

☐ Practitioner(s) named below:

Name	Registration Number

to prosecute this application and all related divisional, continuing, substitute, renewal, reissue, and/or re-exam applications, and to conduct all business in the Patent and Trademark Office connected therewith.

☒ Direct all correspondence to the above-mentioned customer number

OR

☐ Correspondence address below:

ATTORNEY'S NAME					
FIRM NAME					
ADDRESS					
CITY		STATE		ZIP	
COUNTRY		TELEPHONE		FAX	

Address all telephone calls to George L. Greenfield at telephone no. (617) 720-3500.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.



Inventor's signature

7-2-04

Date

Full name of sole inventor:

Robert Bruscini

Citizenship:

USA

Residence:

2970 Mendon Road, Unit 95,
Cumberland, RI 02864

Post Office Address:

2970 Mendon Road, Unit 95,
Cumberland, RI 02864